rev 09/19 ORS 255.235

Candidate Filing February 6, 2021 to March 18, 2021	Withdrawal Date March 18,	2021	
This filing is an Original	☐ An	nendment	
Office Information			
illing for Office of: Port of Hood River			e.
District, Position or County: Seat / Position			
illing Information			
Filing with the required \$10.00 fee			
Prospective Petition			
Candidate Information			
Name of Candidate			
First BENSAMIN MIC, Last	SHEPPARD	Suffix	Title
low you would like your name to appear on the ballot			
BEN SHEPPARD			
Candidate Residence/Route Address			
Street Address	City	State_	Zip 9753
2570 RIVERVIEW DR	HOOD RIVER	, pg	9703)
Candidate Mailing Address and Contact Information: Only one	phone number is required.		
Street Address or PO Box	City HOOD RIVER	State	Zip
Po Box 1933		no.	97031
Work Phone Home Phone	Cell Phone	Fax	
541-386-3603 503-869-5619			
541-386-3603 503-869-5619 Email Address BEN @ SHEPPARDS, COM	Web Site, if applicable		
Email Address BEN & SHEPPARDS, COM	Web Site, if applicable		9199444011461111111101111111111111111111
Email Address	Web Site, if applicable		
Email Address BEN & SHEPPARDS, COM	Web Site, if applicable		
Email Address BEN & SHEPPARDS, COM Race and Ethnicity Optional			
Email Address BEN の られらPARDS 、CoM Race and Ethnicity Optional Description (present employment) If no relevant experience, N			
Email Address BEN & SHEPPARDS, COM Race and Ethnicity Optional			
imail Address BEN & らけらPARDS 、CoM Race and Ethnicity Optional Occupation (present employment) If no relevant experience, N			
imail Address BEN & らけらPARDS 、CoM Race and Ethnicity Optional Occupation (present employment) If no relevant experience, N			
imail Address BEN & SHEPPARDS, COM Race and Ethnicity Optional Occupation (present employment) If no relevant experience, N	one or NA must be entered.	entered.	
mail Address BEN & SHEPPARDS, COM lace and Ethnicity Optional Compation (present employment) If no relevant experience, Nowner - Sheppans Equipment	one or NA must be entered.	entered.	

omplete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study
regan State University		BA	Economics
7			
ucational Background (other) Attach a sepa	rate sheet if necessary.		

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

current Port of How River Comissional

Campaign Finance Information (not applicable to candidates for federal office)

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

By signing this document, I hereby state that:

→ I will qualify for said office if elected

→ All information provided by me on this form is true to the best of my knowledge

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Warning

Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature

Date Signed